

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 0038-0491PUS1																																											
Application No. 10/571,140-Conf. #3933	Filing Date March 9, 2006	Examiner C. S. Bobish	Art Unit 3746																																												
Applicant(s): Fumihiko YAGUCHI et al.																																															
Invention: METHOD OF DRIVING AN ELECTROMAGNETIC PUMP																																															
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">10</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 52.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">4</td> <td style="text-align: center;">- 4 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 220.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: center;"><b>0.00</b></td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Large Entity             <input type="checkbox"/> Small Entity         </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> No additional fee is required for this amendment.         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.              A duplicate copy of this sheet is enclosed.         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.         </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u>              as described below. A duplicate copy of this sheet is enclosed.         </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Credit any overpayment.         </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.         </div> <div style="margin-top: 20px; margin-left: 150px;"> <p>James M. Slattery              Attorney Reg. No.: 28,380</p> <p>BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP              8110 Gatehouse Road              Suite 100 East              P.O. Box 747              Falls Church, Virginia 22040-0747              (703) 205-8015</p> </div> <div style="margin-top: 20px; margin-left: 450px;"> <p>Dated: <u>March 2, 2009</u></p> </div>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	10	- 20 =	0	x 52.00	0.00	Independent Claims	4	- 4 =	0	x 220.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>
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